

Program
Budget Sheet
Form B

	Program Information for Proposed Grant Period								
	Projected Program Expense	Requested from this funder	Paid for by *	Paid for by *	Paid for by *	Paid for by *	Agency Contributions	In Kind Contributions	Total
									This column should be the same as column 1
Personnel (Please list all of the people mentioned in chart A and % of salary written off on this grant)									
Subtotal									
Fringe @ %									
TOTAL PERSONNEL									
Consulting Fees									
Funds to customers (wages, stipends, etc.)									
Subcontractors									
Dues to National or State Affiliates									
Operations (including travel, supplies, printing, copying, phone, fax, postage)									
Equipment (please specify any major purchases)									
Occupancy (include utilities)									
Other (please specify)									
TOTAL EXPENSE									